

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>6/17/05</u>		2 Serial/Patent # <u>09/976,804</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Extension of Time</td><td></td><td>5/13/05</td><td>\$510.00</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$	<input checked="" type="checkbox"/>	Extension of Time		5/13/05	\$510.00		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 100%;">\$ 510.00</div>			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 40%;">Overpayment</td><td rowspan="3" style="width: 15%; vertical-align: middle; text-align: center;"> <input checked="" type="checkbox"/> </td> <td colspan="2" style="width: 35%;">8 TO BE REFUNDED BY:</td> </tr> <tr><td></td><td>Duplicate Payment</td><td colspan="2">Treasury Check</td> </tr> <tr><td><input checked="" type="checkbox"/></td><td>No Fee Due (Explanation):</td> <td colspan="2" style="padding: 5px;"> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table> </td> </tr> </table>			Overpayment	<input checked="" type="checkbox"/>	8 TO BE REFUNDED BY:			Duplicate Payment	Treasury Check		<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>		2	3	--	2	1	8	5	Extension of time submitted after abandonment																																
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11 REFUND REQUESTED BY: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> TYPED/PRINTED NAME: <u>Cliff Congo</u> SIGNATURE: <u><i>Cliff Congo</i></u> OFFICE: <u>Petitions</u> </div> <div> TITLE: <u>Attorney</u> PHONE: <u>571-272-3207</u> </div> </div>																																																						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> APPROVED: <u><i>Alana Kelly</i></u> </div> <div> DATE: <u>6/20/05</u> </div> </div>																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

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